


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N03381 (3)
1. Corporation Name
PINELAND PARK HOMEOWNER'S ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 6615 CATHY DRIVE PORT RICHEY FL 34668 US | Mailing Address 6615 CATHY DRIVE PORT RICHEY FL 34668 US |
|--|--|

| | | |
|--|---|---|
| 3. Date Incorporated or Qualified 06/01/1984 | Applied For <input type="checkbox"/> | Not Applicable <input checked="" type="checkbox"/> |
| 4. FEI Number 59-2482965 | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip | 28 Zip |
| 25 Country | 30 Country |

9. Name and Address of Current Registered Agent

**DAVIS, NANCY
6615 CATHY DRIVE
PORT RICHEY FL 34668**

10. Name and Address of New Registered Agent

| | |
|---|-----------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |
| 85 Zip Code | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|-----------------------------|
| TITLE | P | 1.1 TITLE | DIRECTOR |
| NAME | COURNEYA, MARTIN | 1.2 NAME | HARRY SHORTT |
| STREET ADDRESS | 6514 RUTH DR | 1.3 STREET ADDRESS | 11318 ROHRMAN |
| CITY-ST-ZIP | PORT RICHEY FL | 1.4 CITY-ST-ZIP | PORT RICHEY FL 34668 |
| TITLE | VP | 2.1 TITLE | DIRECTOR |
| NAME | ENDICOTT, CECIL | 2.2 NAME | FRAN ZINNO |
| STREET ADDRESS | 6519 ELEANOR DR | 2.3 STREET ADDRESS | 6515 RUTH |
| CITY-ST-ZIP | PORT RICHEY FL | 2.4 CITY-ST-ZIP | PORT RICHEY FL |
| TITLE | ST | 3.1 TITLE | DIRECTOR |
| NAME | DAVIS, NANCY | 3.2 NAME | BILL SAINT |
| STREET ADDRESS | 6615 CATHY DRIVE | 3.3 STREET ADDRESS | 11338 ROHRMAN |
| CITY-ST-ZIP | PORT RICHEY FL | 3.4 CITY-ST-ZIP | PORT RICHEY FL |
| TITLE | D | 4.1 TITLE | DIRECTOR |
| NAME | WILCOX, CLARENCE | 4.2 NAME | VI WASHBURN |
| STREET ADDRESS | 6615 CATHY DR | 4.3 STREET ADDRESS | 6626 CATHY DR |
| CITY-ST-ZIP | PT RICHEY FL | 4.4 CITY-ST-ZIP | PORT RICHEY FL |
| TITLE | D | 5.1 TITLE | |
| NAME | BERT, RAY | 5.2 NAME | |
| STREET ADDRESS | 11314 ROHRMAN DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PT RICHEY FL | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** 3/17/98 813-868-3567

CR2E037 (10/97)